GLANFORD BRIGG RURAL DISTRICT COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

1962

Medical Officer of Health

J. S. Robertson, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.I.H.

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Chief Public Health Inspector

M. H. McIntosh, A.M.I.S.E. (until 30.11.62)

T. Kerr, D.P.A., M.R.S.H. (from 1.12.62)

District Public Health Inspectors

K. C. Beetham, C.S.I.B.

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Vice Chairman - Councillor P. Raby

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50 Holydyke,

Barton-on-Humber.

July, 1963

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in reporting that 1962 has been the Council's most successful year so far. The greater number of council houses erected was reflected in an improved rate of slum clearance. Progress towards sewering the district was at a higher rate than in the past. More cases of overcrowding were relieved. In addition, parish representatives have rehoused a number of "problem families", a necessary step towards their rehabilitation rendered difficult because of the opposition of potential neighbours, but in spite of the drawbacks all worthwhile because it enables us to help families which might otherwise have been broken up, causing children to be taken into County Council care. Another major advance was the making of our first Smoke Control area, an achievement which illustrates what a progressive authority Glanford Brigg R.D.C. has become. Of course, much remains to be done, for the road of progress has no ending, and our achievements such as sewering villages are but milestones to be passed. Changes in the population structure, in our way of life, and in our knowledge of causation and prevention of disease may alter our course, so that new projects must constantly be considered. One field in which we still lag a little way behind other authorities is in our provision for the aged. As fewer people die in early life the proportion of old people in the population increases. Increased mobility of labour has resulted in many old people being beyond easy reach of their relatives, with the consequence that the number of elderly people who live on their own steadily increases. The majority of them manage well, but the infirmities of old age eventually make an independent existence very difficult, and the inadequacy of their pension and drop in standard of living which retirement usually entails causes hardship to many. Minor degrees of malnutrition, loneliness, boredom and physical infirmity are all too prevalent. Social services for the elderly will consequently require developing during the next few decades. A valuable first step in this direction would be the provision of grouped dwellings with a warden's house and some communal social and recreational facilities at strategic points throughout the district. The relatively diffuse population of a rural area renders the provision of social amenities such as "meals on wheels" extremely difficult, and the grouping of those elderly people who are most likely to need social services in such schemes can render the more practical alternatives of a cooked meal in the communal social centre or provision and distribution of dietary supplements to prevent malnutrition possible, and facilitate social activities to relieve boredom and loneliness.

Too many people still live in houses lacking the basic amenities such as baths and hot water systems, and the standards of fitness of houses and of statutory levels of overcrowding are deplorably low, but these are matters determined by Parliament and not by local authorities. Nuisances still abound, and some are difficult to abate. For example, dust emitted by the cement and steel industries afflict some parts of our district, and others are troubled by the smells associated with pig-keeping, with pea silage and other agricultural activities.

As our sewage schemes progress many of the nuisances due to pollution of ditches and streams will be eliminated but others polluted by animals will remain offensive. It is probable that environmental factors may be discovered in the chain of causation of many diseases, and in due course new ways of preventing illness or of improving the health of the public will become possible, and we must be prepared to act in accordance with such new knowledge as soon as the evidence warrants this. Even in the field of prevention of communicable diseases such as food poisoning, typhoid, smallpox and tuberculosis constant vigilance and timely action are always necessary, and however pleased we may feel with our progress it is never justifiable to sit back on our laurels. During 1962 and subsequently there appears to have been an appreciable increase in the incidence of tuberculosis, the reasons for which are not clear. In one village, Winteringham, where four cases occurred within a few weeks a special visit of the Mass Radiography Unit was arranged, and a commendably high proportion of the residents attended for X-ray. This brought to light one open case who was a potential danger to his friends and neighbours. Until all the public co-operate so that contacts do not refuse X-ray, and cases when found accept treatment, and do not discontinue their drugs because they do not like them, the full benefits of our attempts to eliminate this troublesome disease cannot be achieved. Many of those who are concerned with preventive medicine feel that since the tuberculosis service became a hospital orientated one there may have been some reduction of effectiveness of preventive measures. The very effectiveness of the newer drugs such as N.I.H., P.A.S. and Streptomycin may have led to open cases being allowed to remain in the community during their treatment because the physician, feeling confident that treatment at home could be successful, has not felt justified in stressing the need for admission to hospital sufficiently to overcome the patients objections to leaving home. Powers to secure compulsory admission to hospital exist, but are seldom exercised for fear of discouraging people from having chest X-rays and seeking treatment. Consequently some increase in risk of infection to other members of the public may be due to open cases who elect to be treated at home, and who may infect their social contacts when they cough. The current increase in tuberculosis, although slight, cannot but cause some misgivings. It is not purely a local matter, but has also been apparent in the areas of several of our neighbouring authorities, areas served by different hospitals and chest clinic staff. Plainly, the public would be well advised to make the maximum possible use of the periodic visits of the Mass Radiography Unit, and of the B.C.G. vaccination service offered to secondary school children with the aim of preventing tuberculosis. B.C.G. has been shown to reduce the incidence of tuberculosis by about two-thirds and is well worthwhile. The immunity it produces is useful but not complete, and it takes some months to develop. One child developed tuberculosis shortly after B.C.G. vaccination during 1962, before the immunity had developed. Her infection was shown to be due to a human strain of the germ which she must have picked up just before or very soon after her vaccination. Examination of the batch of vaccine used was undertaken by the Medical Research Council's laboratory and showed that this was entirely satisfactory and safe. Investigation of known contacts revealed neither any source of infection nor any secondary cases, and it must be assumed that this child's infection was derived from some casual contact with an open case. Incidents such as this must be expected from time to time, for although a preliminary tuberculin test is done before the vaccination this test does not become positive until some six weeks after infection. Unless we isolate all

children for six weeks prior to the test it is therefore possible that a child who has picked up the germ during those six weeks will be vaccinated, and may develop the disease before the vaccine has taken effect.

Our experience of other infectious diseases during 1962 requires little comment. Apart from Sonne Dysentery which showed a slight increase there were fewer notifications of other infectious diseases. The nation-wide epidemic of Rubella also affected our district but this disease is not notifiable. Of the three additional diseases notifiable in our area only a few cases of Jaundice were notified. Investigation of these showed that all had histories of contact with other cases of jaundice, and were almost certainly cases of infective hepatitis and not of homologous serum jaundice. No cases of Brucellosis nor of Leptospirosis were notified although a heavy rat infestation was troublesome during the year, and several herds of cows in the area were found to be excreting Brucella in their milk.

The vital statistics for the area were satisfactory. At 21 the corrected birth rate was very high indeed, but the stillbirth rate of 20, infant mortality rate of 18, perinatal mortality rate of 33 and death rate of 12 were close to the corresponding rates for England and Wales for 1961. An analysis of stillbirths and infant deaths in the different villages which constitute our area was undertaken during the course of research undertaken with the aid of a grant from the Medical Research Council. To obtain adequate figures the analysis took account of a seven year period and showed that the distribution of stillbirths and infant deaths was uneven. Some villages had much more favourable rates than others, and an attempt is being made to seek the causes of these wide differences. Communities which are close to each other geographically had widely different experiences. Thus the rate for Winteringham was four times that for Winterton, and that for Barrow-on-Humber was more than twice that of New Holland. Plainly, if we could ascertain the causes of some villages having very high rates and correct them the statistics for the area would be greatly improved.

Another interesting observation made during the year was that the bacterial pollution which recurs each summer at the Barrow bores of the Water Board occurred six weeks later than in previous years. The poor summer had also caused the pea harvest to be about this amount later than usual. On inspection it was found that a large quantity of pea silage was kept about a mile from the bore, and bacteriological examination of some of the juice draining from this showed it to have a bacterial content of 62,000,000 type 1 B coli per 100 ml. Accordingly it seems possible that the annual pollution at Barrow bore may be due to bacteria from this source and not to sewage of human origin. Nevertheless it cannot yet be proven that this is so, and the precautions against failure of chlorination at the pumping station are continued. All samples of water subsequent to chlorination have been completely satisfactory.

Purity of Food, Water and Air

A great deal of nonsense is talked and written about our "right" to "pure" food, water and air, and those who use these terms seldom define them. Concern arising from the increasing use of chemicals on the farm and in food processing

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Purity of Food, Water and Air

A great deal of nonsense is talked and written about our "rights" to "pure" food, water and air, and those who [illegible] [illegible] arising from the increasing use of chemicals on the farm and in food processing

industries has misled some people into favouring so-called "natural" foods which they wrongly describe as "pure". Such attitudes are perhaps a natural consequence of the fact that faults or suspected faults are "news" and so brought to the public notice, whereas measures which merely prevent illness are seldom reported on the front pages of the popular newspapers. The public therefore tends to get a somewhat distorted view of the situation.

The human body requires a great many different chemical substances in order to remain healthy. These may be taken in by eating, drinking or breathing. Centuries ago man lived by eating the flesh of animals he killed, plants that he grew and drank water from rivers. Disease was rife in man, his expectation of life was poor, and only the strongest and most fortunate survived.

Today the world has a much larger population, and this is increasing at an alarming rate. Methods of agriculture which sufficed to feed our ancestors would not produce enough food for today's population. Large scale famine with millions dying of starvation or of malnutrition can only be avoided by using modern methods of farming, insecticides to prevent insects destroying or eating our food, and modern methods of preservation and distribution to take the food from where it is grown to where it is needed. Many of the illnesses which our ancestors died of or suffered from are now known to have been due to dietary errors or deficiencies. By adding the missing substances to foods during processing some of these diseases are now prevented. Iron may be added to prevent anaemia, chalk is added to flour, and Vitamin D to margarine to prevent rickets, sodiumiodide is added to salt to prevent goitre. Such measures have improved the public's health considerably.

How many of the advocates of "natural" foods would really wish to return to the days when deformed bones due to rickets were commonplace, and often led to obstructed labour and death in childbirth, and periodic outbreaks of ergot poisoning occurred due to a mould growing on grain?

The chemical composition of our foods is complex, and the body's requirements are still not fully understood. It is the very complexity and lack of purity of our foods that enables us to obtain from them our bodily needs. Evidence is slowly accumulating that our bodies require minute amounts of elements which we never knew we needed, and that it is the lack of these elements which may be causing some kinds of disease. The dangers of trace elements, or of traces of insecticides, preservatives or "improvers" in food acting as cumulative poisons or as co-carcinogens have often been discussed, but the possibility of lack of trace elements being even more dangerous is less well appreciated by the public.

In order to feed the world's increased population mechanisation of agriculture is necessary, and tractors do not fertilise the soil with their droppings as did horses. To compensate for this chemical fertilisers such as phosphates are put on the land, but these being purer do not contain the trace elements present in dung. Slowly, century by century the rain washes salts out of the soil, and carries them down our rivers to the sea. As a result vegetables grown on the land decrease in their content of certain minerals. Animals fed on these crops may be relatively deficient in trace elements also. Consequently there is a probability that in time, unless man learns to replace

these substances either by putting them on the land or adding them to his food his health will suffer.

That this is really occurring is demonstrated by the observations made at Napier and Hastings in New Zealand. An earthquake in 1931 drained a raised lagoon near Napier, and the bed of this former lagoon was later cultivated. Plants grown there have a high mineral content, so the vegetables eaten by the people of Napier contain more minerals than those eaten by the people of Hastings. This is believed to be the explanation of why the teeth of Napier children were found to be better than those of Hastings children despite similar water supplies. There is evidence to suggest that in addition to other known dietary factors and fluorides, traces of mylybdenum and possibly of vanadium and manganese may be necessary for the formation of sound teeth. Other organs may require traces of other elements, and one of the dangers which we must recognise is that not only "refined" foods such as sugar but also "natural" foods such as vegetables may fail to supply our needs of some of these substances. We must not aim at a "pure" diet, but rather at one which supplies all our nutritional requirements. Whether necessary additives are put on the soil, added to food during processing, or introduced into our water supply, should depend upon factors of safety, cost and practicability.

It is of course important that harmful germs and poisonous concentrations of chemicals be absent from our food and water, and from the air we breathe. Modern epidemiological methods are slowly detecting relationships between environmental conditions and disease, so that in the course of time we shall learn which conditions are most and which least favourable to health. Already we have sufficient knowledge to protect ourselves from many of the harmful bacteria, if we would fully apply existing knowledge. The newer association between mortality rates and chemical composition of water, air and diet will eventually enable us not only to ascertain factors causing or predisposing to disease, but may also detect other factors which improve health. The purely negative approach of preventing new substances being added to food or water can never do more than reduce the possibility of new hazards to health being introduced, and would equally certainly impede the prevention of disease and the promotion of health.

When a new drug is produced the problem arises of trying to discover by animal experiment whether it is likely to be toxic to man. This problem may also arise with some preservatives and insecticides which could contaminate food. The toxicity of drugs varies for different animals and animal experiment may not always detect possible toxic effects on man. Even stringent tests on animals cannot completely eliminate risk of another tragedy such as that caused by thalidomide. Nevertheless, adequate testing can go a long way towards reducing such hazards.

Fortunately, when we consider foods the situation is very much more satisfactory. Throughout recorded history man has eaten a wide variety of foods, and the substances these foods contain have therefore been "safety tested" on man for many years. Modern statistical tests can be used to determine whether populations whose diets contain varying amounts of a given substance have better or worse health than each other. Adjustment of the content of our food or water

in respect of substances that have always been consumed by man is therefore a safe procedure unlike the introduction of new chemicals which do not occur in nature. For example, man has eaten oranges for so many years without harm that no mother feels alarmed about giving orange juice to her baby, although the baby's natural food is breast milk. Similarly, nobody protests about the addition of vitamins A and D to margarine. Despite this we do not know for certain that some traditional foods may not have harmful effects, and may not be the cause of some of the ailments which afflict us. Consequently, it is worthwhile ascertaining how diet and health are related, and varying the diet of those who formerly ate foods associated with unsatisfactory health indices. In this way we may hope to extend man's lifespan and improve his health.

When looked at from this point of view the proposals to fluoridate public water supplies are seen in perspective as one of the greatest advances at present within the powers of Local Health Authorities to make. The Council are to be congratulated upon their wisdom in supporting fluoridation in their area.

Many detailed and prolonged investigations have demonstrated the effectiveness and safety of fluoridation to a level of 1.0 p.p.m. and it is undoubtedly both the most effective and safest known method of improving dental health. If the other local authorities in the area can be persuaded to agree so that it can be instituted here future generations living in this district should have less than half as much tooth decay as is prevalent at present.

So much for "pure food" and "pure water", but what about "pure air". Air sampled away from human habitations and industry varies from place to place in it composition. Although the amounts of oxygen and nitrogen and of the inert gases argon, krypton, xenon and neon are relatively constant it varies quite markedly in its content of carbon dioxide and of water vapour, and also in the amount of grit and dust carried by the wind. Not all the dust in the air is due to industrial or domestic pollution. Dust storms in arid areas where soil erosion is occurring and deposits of dust from volcanos produce "pollution" far exceeding anything man can cause. In this country, however, one only expects to find dust deposits of between five and eight tons per square mile per month due to natural causes, and it is only deposits in excess of these figures which indicate industrial or domestic pollution. In this area heavy deposits of dust are recorded by our gauges when the latter are placed near to the cement works and to a lesser extent near the steelworks. The deposits from the cement industry are alkaline, and are composed chiefly of lime. Such evidence as we have indicates that these deposits are nuisances rather than directly harmful to health. Nevertheless, to those people who live near the cement industry these heavy deposits of lime cause grave nuisance and inconvenience. During December, 1962, deposit gauges were placed at sites near the larger of the cement works to measure the extent of this pollution. If the readings prove high this Council and the Alkali Inspector will have to ask the company concerned to improve their plant and to fit efficient dust arresting equipment.

Smoke pollution in this area is far less extensive than it is in densely populated urban areas, and only in those parts of the area contiguous with the Borough of Scunthorpe and in the village of Barnetby where smoke is trapped in a valley, is smoke pollution a problem to us. It is only in these districts

that there is any present indication for making Smoke Control areas. Readings from our pollution gauges are not of great value in assessing smoke pollution, but as the latter is not a major problem in our area the expense of undertaking a survey with continuous smoke filtering apparatus does not seem worthwhile at present.

That some forms of air pollution are grossly harmful to health is now well established, but it is still not known which pollutants are the cause of the trouble. The tars present in the smoke from open coal fires may well be a factor in causing some cases of lung cancer, but the major "smog" catastrophies are more likely to be due to gaseous pollutants such as sulphur oxides. For geographical reasons such incidents are not likely to occur in this area. Smoke pollution due to cigarette smoking is far more severe and more extensive than that due to industry or to domestic fires. The twenty deaths from bronchitis which were recorded in the year and the sixteen deaths from cancer of the lung are more probably due to smoking than to air pollution.

The tables elsewhere in this report which show deaths by cause and sex, and by cause and age show certain discrepancies. These are due to difference in interpretation between the Registrar General's Office and my office. In many conditions it is hard to say for certain which of two conditions is the cause and which is secondary. In my locally compiled figures we attempt to classify causes of death so that except in certain defined categories such as vascular lesions of the central nervous system which are of interest for other reasons the death is attributed not to the immediate cause but to what we believe to be the primary cause. The total numbers of deaths are the same in the two tables, and there are no discrepancies in the deaths attributed to straightforward causes like cancer or motor accident, but although both tables show 224 deaths due to cardiovascular diseases these are differently assigned to the different categories of this disease. Thus the locally compiled figures show more deaths due to high blood pressure and fewer to "other heart disease" than do the Registrar General's figures, because we have considered that the hypertension caused the heart disease in many instances. Similar discrepancies occur in one or two other categories of disease. As usual the cardiovascular diseases were by far the commonest causes of death accounting for more than three times as many deaths as did the cancers. This is a slightly higher ratio than in previous years. It is to be hoped that the research currently in progress into the fundamental causes of cardiovascular diseases will indicate possible methods of delaying the onset of these degenerative diseases. In this connection the relationship between softness of drinking water and deaths from cardiovascular disease is of special interest, and the suspicion which has been raised that soft drinking water may predispose those drinking it to cardiovascular disease must temper our enthusiasm for the softening of public water supplies.

In conclusion, I must express my thanks to the Council for the many improvements they have made in 1962. It has been a year of change. The appointment of Mr. Kerr as Chief Public Health Inspector following the resignation of Mr. MacIntosh and the subsequent reorganisation of the Health Department were effected smoothly. The effectiveness of the department has shown a marked improvement and to a great extent I believe that this has been due to the efforts of Mr. Kerr. I am most grateful to Mr. Kerr for these improvements and am also

indebted to him for the information on environmental health services contained in the latter pages of this report.

I am,

Your obedient servant,

Medical Officer of Health

GENERAL DESCRIPTION OF THE DISTRICT

The Rural District of Glanford Brigg covers an area of about 136,595 acres and includes 41 parishes. The population is 36,090.

Although the main industry is agriculture, there are a number of industries in the district, including iron ore mines, chalk quarries, beet sugar manufacture, ship building and repairing, the manufacture of cement, bricks, artificial manure and poultry food, and the refining of oil. There are many other small industries. Many inhabitants of the district are employed in the steel orks in the Borough of Scunthorpe and a large number are also employed at Immingham Docks.

Area of the district	136,595 acres
Population of the district	36,090
Number of inhabited houses	11,634
Rateable Value at 31st March, 1963	£509,389
Product of a penny rate 1962/63	£1,917

VITAL STATISTICS

	1960	1961	1962
Mid-year Populations	34,721	34,790	36,090
Live Births	594	702	721
Stillbirths	11	15	15
Infant Deaths under 4 weeks	7	13	10
Total Deaths	335	400	407

	Legitimate			Illegitimate			Total
	Male	Female	Total	Male	Female	Total	
Live Births	349	335	684	17	20	37	721
Stillbirths	7	7	14	-	1	1	15
Infant Deaths under 1 year	9	4	13	-	-	-	13
Infant Deaths under 4 weeks	7	3	10	-	-	-	10
Infant Deaths under 1 week	7	2	9	-	-	-	9

	Glanford Brigg Rural District		England & Wales
	1961	1962	1961
Crude Birth Rate	20.2	20.0	17.6
Corrected Birth Rate	21.2	21.0	(17.6)
Stillbirth Rate	20.9	20.4	19.0
Infant Mortality Rate	25.6	18.0	21.0
Legitimate Infant Mortality Rate	19.9	19.0	21.0
Neonatal Mortality Rate	18.5	13.9	15.4
Perinatal Mortality Rate	37.7	32.6	32.4
Early Neonatal Mortality Rate	17.1	12.5	13.2
Illegitimacy Rate	6.27	5.27	5.97
Crude Death Rate	11.5	11.3	12.0
Corrected Death Rate	12.2	12.0	(12.0)

These corrections take account of the differing proportions of old and young people in the area, and make the resulting rate comparable with that for England and Wales. Hence a health resort to which old people retire and die would have a high crude rate and a low comparability factor to compensate, whereas an industrial area with few old people would have a low crude rate and a high comparability factor. The comparability factor for this district is 1.05 for births and 1.06 for deaths.

CAUSES OF DEATH IN THE DISTRICT DURING THE YEAR 1962

This table gives the causes of death in accordance with the abbreviated list of 36 groups of the World Health Organisation Nomenclature Regulations, 1948.

Causes of Death	Male	Female
1. Tuberculosis, respiratory	2	1
2. Tuberculosis other	-	-
3. Syphilitic disease	-	-
4. Diphtheria	-	-
5. Whooping Cough	-	-
6. Meningococcal infections	-	-
7. Acute Poliomyelitis	-	-
8. Measles	-	-
9. Other infective and parasitic diseases	-	-
10. (Malignant neoplasm, stomach	6	6
11. (Malignant neoplasm, lung, bronchus	14	2
12. *(Malignant neoplasm, breast	-	8
13. (Malignant neoplasm, uterus	-	2
14. (Other Malignant & Lymphatic neoplasms	23	11
15. Leukaemia, aleukaemia	1	-
16. Diabetes	2	1
17. Vascular lesions of nervous system	20	39
18. Coronary disease, angina	57	22
19. Hypertension with heart disease	3	3
20. Other heart disease	25	36
21. Other circulatory disease	11	8
22. Influenza	-	2
23. Pneumonia	7	1
24. Bronchitis	17	3
25. Other diseases of the respiratory system	1	1
26. Ulcer of the stomach and duodenum	2	1
27. Gastritis, enteritis and diarrhoea	1	-
28. Nephritis and nephrosis	2	-
29. Hyperplasia of prostate	4	-
30. Pregnancy, childbirth and abortion	-	1
31. Congenital Malformations	3	1
32. Other defined and ill-defined diseases	20	18
33. Motor vehicle accidents	6	2
34. All other accidents	3	2
35. Suicide	5	1
36. Homicide and operations of war	-	-
Total	235	172

* Malignant neoplasm means cancer

CAUSES OF DEATH IN THE DISTRICT DURING THE YEAR 1962

This table gives the causes of death in accordance with the abbreviated list of 36 groups of the World Health Organisation Nomenclature Regulations, 1948.

Causes of Death	Male	Female
1. Tuberculosis, respiratory	2	1
2. Tuberculosis, other	-	-
3. Syphilitic disease	-	-
4. Diphtheria	-	-
5. Whooping Cough	-	-
6. Meningococcal infections	-	-
7. Acute Poliomyelitis	-	-
8. Measles	-	-
9. Other infective and parasitic diseases ..	-	-
10. (Malignant neoplasm, stomach	6	6
11. (Malignant neoplasm, lung, bronchus ..	14	2
12. *(Malignant neoplasm, breast	-	8
13. (Malignant neoplasm, uterus	-	2
14. (Other Malignant & lymphatic neoplasms ..	23	11
15. Leukaemia, aleukaemia	1	1
16. Diabetes	1	1
17. Vascular lesions of nervous system	20	23
18. Coronary disease, angina	57	32
19. Hypertension with heart disease	2	-
20. Other heart disease	29	36
21. Other circulatory disease	11	6
22. Influenza	1	-
23. Pneumonia	1	1
24. Bronchitis	17	3
25. Other diseases of the respiratory system ..	1	-
26. Ulcer of the stomach and duodenum	2	1
27. Gastritis, enteritis and diarrhoea	1	-
28. Nephritis and nephrosis	4	1
29. Hyperplasia of prostate	-	-
30. Pregnancy, childbirth and abortion	-	1
31. Congenital malformations	3	1
32. Other defined and ill-defined diseases ..	20	19
33. Motor vehicle accidents	8	2
34. All other accidents	5	2
35. Suicide	1	-
36. Homicide and operations of war	-	-
Total	235	176

* Malignant neoplasm mamma cancer

TABLE OF NOTIFICATIONS OF INFECTIOUS AND OTHER

DISEASES BY AGE GROUPS

Disease	0+	1+	2+	3+	4+	5+	10+	15+	25+	45+	65+	N.K.	Total
Measles	2	4	10	10	9	29	-	-	-	-	-	-	64
Whooping Cough	-	-	1	-	-	1	-	-	-	-	-	1	3
Scarlet Fever	-	-	-	1	1	1	1	-	-	-	-	-	4
Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	3	6	4	5	-	3	3	4	7	1	4	1	41
Meningococcal Inf.	-	-	-	-	-	-	-	-	-	-	-	-	-
Ac. Pneumonia	-	-	-	-	-	-	-	-	-	-	-	-	-
Encephalitis Inf.	-	-	-	-	-	-	-	-	-	-	-	-	-
Encephalitis Post Inf.	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-
Erysipelas	-	-	-	-	-	-	-	-	-	-	-	-	-
Food Poisoning	-	-	-	-	-	-	-	-	-	-	1	-	1
Tuberculosis Resp.	-	-	1	-	-	-	2	3	2	3	2	-	13
Tuberculosis of C.N.S.	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis Other	-	-	-	-	-	-	-	-	-	-	-	-	-
Infective Hepatitis	-	-	-	-	-	1	1	1	-	1	-	-	4
Total	5	10	16	16	10	35	7	8	9	5	7	2	130

CAUSES OF DEATH AT VARIOUS PERIODS OF LIFE

	Age in years				
Infectious Diseases	0 - 1	1 - 14	15 - 49	50+	Totals
Tuberculosis respiratory	-	-	1	2	3
Tuberculosis, other	-	-	-	-	-
Syphilitic Disease	-	-	-	-	-
Diphtheria	-	-	-	-	-
Whooping Cough	-	-	-	-	-
Meningococcal infections	-	-	-	-	-
Acute Poliomyelitis	-	-	-	-	-
Measles	-	-	-	-	-
Other	-	-	-	-	-
The Cancers					
Stomach	-	-	1	11	12
Lung and Bronchus	-	-	2	14	16
Breast	-	-	1	7	8
Uterus	-	-	-	2	2
Other	-	-	1	33	34
Leukaemia, Aleukaemia	-	-	-	1	1
Diabetes	-	-	-	2	2
Cardiovascular Diseases					
Vascular lesions of nervous system	-	-	3	63	66
Coronary disease, angina	-	-	8	67	75
Hypertension with heart disease	-	-	-	28	28
Other heart disease	-	-	2	40	42
Other circulatory disease	-	-	-	13	13
Respiratory Diseases					
Influenza	-	-	-	1	1
Pneumonia	-	-	1	11	12
Bronchitis	1	-	2	17	20
Other	-	-	-	-	-
Ulcer of the stomach and duodenum	-	-	-	4	4
Gastritis, enteritis and diarrhoea	-	-	-	1	1
Nephritis and nephrosis	-	-	1	6	7
Hyperplasia of prostate	-	-	-	4	4
Pregnancy, childbirth and abortion	-	-	1	-	1
Congenital malformations	2	1	1	-	4
Other diseases	10	-	3	18	31
Motor vehicle accidents	-	-	4	4	8
All other accidents	-	-	1	4	5
Suicide	-	-	2	4	6
Homicide and operations of war	-	-	-	-	-

FOOD POISONING

One case of suspected food poisoning was notified but the causal agent was not identified. Nor was it possible to prove that this was a true case of food poisoning.

In addition, one case of Salmonella Typhi murium was notified but it was not possible to ascertain whether or not this infection had been food borne.

PARTICULARS OF IMMUNISATIONS AND VACCINATIONS CARRIED OUT IN THE AREA DURING 1962

Type of Immunisation or Vaccination	Under 1	1 - 4	5 - 14	15 or over	Total
Diphtheria & Whooping Cough Immunisation	-	-	2	-	2
Diphtheria Tetanus and Whooping Cough Immunisation	107	316	22	-	445
Diphtheria, Tetanus Immunisation	-	4	22	-	26
Whooping Cough Immunisation	-	-	-	-	-
Whooping Cough and Tetanus Immunisation	-	-	-	-	-
Smallpox Vaccination	296	88	132	303	819
Smallpox Re-Vaccination	-	7	47	279	333
Tetanus Vaccination	-	1	93	20	114
Tetanus Booster	-	-	2	2	4
Diphtheria alone (Primary)	-		1	-	1
Diphtheria Booster	263			-	263

POLIOMYELITIS VACCINATION

Particulars of Poliomyelitis vaccinations carried out in the Glanford Brigg Rural District for the year ended 31.12.62.

Salk Vaccine

Had 2 injections

Persons born in the years				
62	61	60 - 43	42 - 33	Others
25	173	118	58	100

Had 3 injections

Persons born in the years				
62	61	60 - 43	42 - 33	Others
-	64	334	141	283

Had 4 injections

Persons born in the years				
62	61	60 - 43	42 - 33	Others
-	-	137	-	-

Oral Vaccine

Initial course of 3 oral doses

Persons born in the years				
62	61	60 - 43	42 - 33	Others
46	136	115	58	129

3rd oral after 2 salk injections

Persons born in the years				
62	61	60 - 43	42 - 33	Others
-	107	402	186	344

4th oral after 3 salk injections

Persons born in the years				
62	61	60 - 43	42 - 33	Others
-	-	380	-	-

Public Water Supply

(1) Bacteriological Examinations

Bore	Presumptive Coli Count	"Raw" Water	Chlorinated Water
Barrow-on-Humber	Less than 1 per 100 ml.	104	56
	1 to 2 per 100 ml.	3	0
	3 to 10 per 100 ml.	2	0
	More than 10 per 100 ml. or B Coli type 1 present	17	0
Barton-on-Humber	Less than 1 per 100 ml.	84	43
	1 to 2 per 100 ml.	1	0
	3 to 10 per 100 ml.	1	0
	More than 10 per 100 ml. or B Coli type 1 present	0	0
Winterton Holmes	Less than 1 per 100 ml.	43	43
	1 to 2 per 100 ml.	0	0
	3 to 10 per 100 ml.	0	0
	More than 10 per 100 ml. or B Coli type 1 present	0	0

In addition samples of water were taken from the watercress beds at Barrow Haven in connection with an investigation carried out by the Public Health Laboratory Service.

(2) Chemical Analyses

Barton Bore

	Raw Water		Treated (Softened) Water	
Appearance	Clear and bright		Clear and bright	
Colour	Faintly yellow		Faintly yellow	
Taste	Normal		Normal	
Odour	None		None	
Reaction, pH Value	7.2	ppm	7.3	ppm
Free Carbon Dioxide as CO_2	15.0	ppm	10.0	ppm
Ammoniacal Nitrogen as N	0.002	ppm	0.002	ppm
Albuminoid Nitrogen as N	0.012	ppm	0.010	ppm
Nitrous Nitrogen as N	None		None	
Nitric Nitrogen as N	8.00	ppm	8.00	ppm
Poisonous Metals (Lead etc.)	None		None	
Hardness (calculated from Mineral Analysis as $CaCO_3$)	333.4	ppm	85.0	ppm
Temporary	202.0	ppm	85.0	ppm
Permanent	131.4	ppm	-	
Permanganate Figure (4 hours at 80°F) as O	0.28	ppm	0.24	ppm
Alkalinity as $CaCO_3$	202.0	ppm	202.1	ppm
Silica as SiO_2	4.00	ppm	4.00	ppm
Alumina and Iron Oxide	1.00	ppm	1.00	ppm
Calcium as Ca	127.30	ppm	33.50	ppm
Magnesium as Mg	3.76	ppm	0.33	ppm
Sodium as Na	9.44	ppm	124.98	ppm
Carbonates as CO_3	121.10	ppm	121.20	ppm
Chlorides as Cl	34.00	ppm	36.00	ppm
Nitrates as NO	35.40	ppm	35.40	ppm
Sulphates as SO_4	72.40	ppm	72.40	ppm
Iron as Fe	0.18	ppm	0.06	ppm
Fluorine as F by the distillation method	0.08	ppm	0.11	ppm

Probable composition of Mineral constituents

Silica	4.00	ppm	4.00	ppm
Alumina and Iron Oxide	1.00	ppm	1.00	ppm
Calcium Carbonate	201.97	ppm	83.67	ppm
Calcium Sulphate	102.60	ppm	-	
Calcium Chloride	44.96	ppm	-	
Magnesium Carbonate	-		1.14	ppm
Magnesium Chloride	7.08	ppm	-	
Magnesium Nitrate	11.89	ppm	-	
Sodium Carbonate	-		124.05	ppm
Sodium Sulphate	-		107.07	ppm
Sodium Chloride	-		59.35	ppm
Sodium Nitrate	-		48.53	ppm
	408.40	ppm	428.81	ppm

Barrow Bore	Raw Water		Treated (Softened) Water	
Appearance	Clear and bright		Clear and bright	
Colour	Faintly yellow		Faintly yellow	
Taste	Normal		Normal	
Smell	None		None	
Reaction, pH Value	7.2	ppm	7.1	ppm
Free Carbon Dioxide as CO_2	18.0	ppm	16.5	ppm
Ammoniacal Nitrogen as N	0.002	ppm	0.002	ppm
Albuminoid Nitrogen as N	0.010	ppm	0.012	ppm
Nitrous Nitrogen as N	None		None	
Nitric Nitrogen as N	8.00	ppm	8.00	ppm
Poisonous Metals (Lead etc.)	None		None	
Hardness (calculated from Mineral Analysis) as $CaCO_3$	345.5	ppm	97.8	ppm
Temporary	202.1	ppm	97.8	ppm
Permanent	143.4	ppm	Nil	
Permanganate Figure (4 hours at 80°F) as O	0.32	ppm	0.24	ppm
Alkalinity as $CaCO_2$	202.1	ppm	202.1	ppm
Silica as SiO_2	5.00	ppm	4.00	ppm
Alumina and Iron Oxide	2.40	ppm	1.00	ppm
Calcium as Ca	132.20	ppm	37.10	ppm
Magnesium as Mg	3.72	ppm	1.24	ppm
Sodium as Na	11.11	ppm	127.12	ppm
Carbonates as CO_3	121.20	ppm	121.20	ppm
Chlorides as Cl	34.00	ppm	38.00	ppm
Nitrates as NO_3	35.40	ppm	35.40	ppm
Sulphates as SO_4	87.30	ppm	86.40	ppm
Iron as Fe	0.10	ppm	0.06	ppm
Fluorine as F by the distillation method	0.11	ppm	0.11	ppm

Probable composition of mineral constituents

Silica	5.00	ppm	4.00	ppm
Alumina and Iron Oxide	2.40	ppm	1.00	ppm
Calcium Carbonate	202.13	ppm	92.66	ppm
Calcium Sulphate	123.72	ppm	-	
Calcium Chloride	41.13	ppm	-	
Magnesium Carbonate	-		4.30	ppm
Magnesium Chloride	10.37	ppm	-	
Magnesium Nitrate	6.53	ppm	-	
Sodium Sulphate	-		127.77	ppm
Sodium Chloride	1.00	ppm	62.65	ppm
Sodium Nitrate	41.05	ppm	48.53	ppm
Sodium Carbonate	-		110.55	ppm
	432.33	ppm	451.46	ppm
Calculated Hardness				
Temporary	202.1	ppm	97.8	ppm
Permanent	143.4	ppm	Nil	
	345.5	ppm	97.8	ppm

Winterton Holmes	Raw Water		Treated (Softened) Water	
Appearance	Slightly turbid trace of suspended matter		Clear and bright	
Colour	Slightly yellow		Colourless	
Taste	Normal		Normal	
Smell	None		None	
Reaction, pH Value	7.1	ppm	8.0	ppm
Free Carbon Dioxide as CO_2	36.0	ppm	2.0	ppm
Ammoniacal Nitrogen as N	0.056	ppm	0.006	ppm
Albuminoid Nitrogen as N	0.040	ppm	0.040	ppm
Nitrous Nitrogen as N	None		None	
Nitric Nitrogen as N	0.32	ppm	0.24	ppm
Poisonous Metals (Lead etc.)	None		None	
Hardness	500.1	ppm	80.2	ppm
Temporary	276.2	ppm	77.1	ppm
Permanent	223.9	ppm	3.1	ppm
Permanganate Figure (4 hours at 80°F) as O	0.48	ppm	0.32	ppm
Alkalinity as $CaCO_3$	276.2	ppm	77.1	ppm
Silica as SiO_2	5.00	ppm	4.00	ppm
Alumina and Iron Oxide	4.00	ppm	2.00	ppm
Calcium as Ca	182.00	ppm	17.95	ppm
Magnesium as Mg	11.06	ppm	8.43	ppm
Sodium as Na	44.81	ppm	156.69	ppm
Carbonates as CO_3	165.60	ppm	46.20	ppm
Nitrates as NO_3	1.42	ppm	1.06	ppm
Chlorides as Cl	58.00	ppm	58.00	ppm
Sulphates as SO_4	228.80	ppm	250.20	ppm
Iron as Fe	0.8	ppm	0.06	ppm
Fluorine as F by Distillation method	0.11	ppm	0.11	ppm

Probable composition of Mineral constituents

Silica	5.00	ppm	4.00	ppm
Alumina and Iron Oxide	4.00	ppm	2.00	ppm
Calcium Carbonate	276.18	ppm	44.83	ppm
Calcium Sulphate	242.62	ppm	-	
Magnesium Sulphate	54.75	ppm	2.97	ppm
Magnesium Carbonate	-		27.15	ppm
Sodium Sulphate	20.57	ppm	366.51	ppm
Sodium Chloride	95.62	ppm	95.62	ppm
Sodium Nitrate	1.95	ppm	1.45	ppm
	700.69	ppm	544.53	ppm

Calculated Hardness

Temporary	276.2	ppm	77.1	ppm
Permanent	223.9	ppm	3.1	ppm
	500.1	ppm	80.2	ppm

Food and Drugs Act, 1955

Samples of Food taken by the County Health Inspector for Chemical Analysis

	Commodity Sampled	No. of Samples Analysed
1.	Milk	132
2.	Processed milk products (including cream, butter and ice-cream)	7
3.	Edible fats and oil	1
4.	Preserves	4
5.	Tinned, bottled and dried articles	10
6.	Alcoholic beverages	6
7.	Non-alcoholic beverages	2
8.	Sugar and flour confectionery	1
9.	Meat and fish products (not included in item 5 above)	8
10.	Miscellaneous	2
11.	Medicines and drugs	3
	Total	176

Three samples of potted meat contained excess amounts of water and the manufacturers were duly warned under the Act but repeat samples have proved satisfactory.

The remainder of the samples satisfied the analytical tests but in two cases the labelling thereon did not satisfy The Labelling of Food Order. These included vegetable butter colouring in which the constituents of the colouring matter were not declared and fruit salad in which the ingredients were declared in the incorrect order of weight. These matters were referred to the manufacturers and appropriate action taken.

Complaints relating to extraneous matter in food included:-

The presence of carbon particles and starchy matter in a lemon swiss roll.

The presence of extraneous matter resembling polythene in the base of a loaf of bread.

The presence of fragments of a weevil in a packet of biscuits.

The presence of a centipede in a carton of orange juice.

The foregoing complaints were fully investigated and having regard to the circumstances warnings were issued accordingly.

A complaint was received relating to the presence of a cigarette end in a loaf of bread. Legal proceedings were instituted against the bakery company concerned and a fine of £25 together with £3 3s. 0d. costs imposed.

The number of samples of milk appears high and it is caused by the sampling of producers' milk on arrival at the pasteurising dairy in the north of the district. One sample of milk was found to be deficient in solids non-fat which was due to natural causes and was rectified by the appropriate advice.

Forty-five samples of milk were taken for biological examination. None showed evidence of tuberculosis but samples from two producers were positive for brucella abortus. All of the milk from the infected herd were normally subject to pasteurisation, apart from that which may be consumed by the producers or their employees, who were notified of the dangers of consuming infected milk.

Milk (Special Designation) Regulations

The following samples of milk were taken during the year in the course of delivery:-

Tuberculin tested milk (pasteurised)	34
Pasteurised milk	76
Sterilised milk	121
Tuberculin tested milk - raw	40

Four samples of raw Tuberculin tested milk failed to satisfy the Methylene Blue Test for keeping quality. The matter was fully investigated and it was ascertained that incoming milk to the dairy was not satisfactory. After referring the matter to the Milk Production Officer of the Ministry of Agriculture, Fisheries and Food samples proved satisfactory.

The following samples were taken from the pasteurising dairy in the north of the district and all were satisfactory.

Tuberculin tested milk (pasteurised)	52
Pasteurised milk	90

Air Pollution Measurements

Barnetby

	pH	Rain	Tar	Ash	Soluble Calcium	Total Solids	Sulphur Dioxide
January, 1962			No		Result		
February, 1962	7.0	0.32	0.37	1.52	0.41	5.07	1.18
March, 1962			No		Result		
April, 1962	4.4	1.34	0.30	2.12	0.30	5.30	0.98
May, 1962	5.0	2.25	0.37	3.71	0.73	10.80	0.70
June, 1962	5.0	0.12	0.33	2.42	0.46	5.76	0.84
July, 1962	5.0	1.22	0.26	1.46	0.63	5.56	0.37
August, 1962	6.0	4.10	0.33	2.59	0.66	7.85	0.41
September, 1962	5.2	2.96	0.30	2.19	0.52	7.29	0.53
October, 1962	6.2	0.55	0.35	2.09	0.76	6.09	0.55
November, 1962	6.0	1.85	0.43	1.33	0.71	5.46	1.22
December, 1962	6.0	1.38	0.50	2.48	0.60	8.15	1.72
Average for 6 Summer months		2.00	0.31	2.41	0.55	7.09	0.64
Average for 4 Winter months		1.02	0.41	1.85	0.62	6.19	1.17
		ins.	Tons	per	square	mile	

Air Pollution Measurements

Goxhill

	pH	Rain	Tar	Ash	Soluble Calcium	Total Solids	Sulphur Dioxide
January, 1962	7.0	2.05	0.33	2.13	0.54	6.52	1.13
February, 1962	5.0	0.83	0.27	1.42	0.56	5.70	1.25
March, 1962	5.5	0.63	0.26	1.72	0.44	5.13	1.16
April, 1962	5.0	1.77	0.33	3.31	0.46	8.18	0.95
May, 1962	5.8	2.36	0.43	2.72	0.65	8.81	0.63
June, 1962	5.2	0.16	0.20	2.22	0.43	5.00	0.68
July, 1962	4.2	1.34	0.33	1.49	0.47	5.86	0.40
August, 1962	4.5	4.37	0.43	2.78	0.99	9.67	0.77
September, 1962	5.0	2.53	0.23	2.09	0.61	6.86	0.72
October, 1962	6.1	0.51	0.33	1.33	0.58	5.30	0.71
November, 1962	6.3	1.97	0.36	1.13	0.74	6.56	1.08
December, 1962	6.2	1.22	0.36	1.36	0.41	6.09	1.76
Average for 6 Summer months		2.09	0.32	2.43	0.60	7.40	0.69
Average for 6 Winter months		1.20	0.32	1.51	0.54	5.88	1.18
		ins.	Tons	per	square	mile	

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR
1962

HOUSING

Total number of new houses erected during the year	529
(i) By the Local Authority...	121
(ii) By other Local Authorities	1
(iii) By other bodies or persons	350
(iv) Number allocated for replacing houses subject to Demolition Orders or otherwise demolished	57

Housing Repairs and Rent Acts, 1954-57

Number of certificates of disrepair issued...	1

Inspection of Dwelling Houses during the year

(i) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	42?
(b) Number of inspections made for the purpose...	517

Remedy of defects during the year without service of formal notices

Number of defective dwelling-houses rendered fit in consequence of informal action by the local Authority or their officers	63

Action under statutory powers during the year

(i) Proceedings under Public Health Acts:-	
(a) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	2
(b) Number of dwelling-houses in which defects were remedied after service of formal notices...	Nil
(ii) Proceedings under the Housing Acts:-	
(a) Number of dwelling-houses in respect of which notices were served requiring repairs	Nil
(b) Number of dwelling-houses which were rendered fit after service of formal notices...	Nil
(c) Number of unfit houses purchased by Local Authority in accordance with the Housing Acts	Nil
(d) Number of certificates of disrepair issued...	Nil

(iii) Slum Clearance - proceedings under the Housing Acts:-

(a)	Number of dwelling-houses in respect of which Demolition Orders were made	40
(b)	Number of dwelling-houses demolished in pursuance of Demolition Orders...	35
(c)	Number of dwelling-houses, or parts, subject to Closing Orders	6
(d)	Number of dwelling-houses, or parts, rendered fit by undertakings	1
(e)	Number of dwelling-houses, included in confirmed Clearance Orders	Nil
(f)	Number of dwelling-houses demolished in pursuance thereof	Nil
(g)	Total number of dwelling-houses on which Demolition Orders are operative and which are still occupied except under the provisions of Sections 34, 35 and 46 of the Housing Act, 1957	22
(h)	Total number of dwelling-houses occupied under Sections 34, 35 and 46 of the Housing Act, 1957 ...	3
(i)	Houses demolished or closed voluntarily by owners which would otherwise have been the subject of statutory action to secure demolition or closure ...	23

(iv) Nissen Huts or other similar Hutments:-

Number still occupied ... ... **Nil**

(v) Estimated number of dwellings, excluding those under paragraph (iv) above, remaining to be dealt with under:-

(a)	The Housing Act, 1957, Sections 16 and 18	229
(b)	The Housing Act, 1957, Section 42	Nil

Housing Acts - Overcrowding

(i)	(a)	Number of cases of overcrowding relieved during the year	8
	(b)	Number of persons concerned in such cases	35
(ii)	(a)	Number of dwellings overcrowded at the end of the year	3
	(b)	Number of families dwelling therein	3
	(c)	Number of persons dwelling therein	20

Housing Acts, 1949-59

(i) Number of dwellings for which applications for grants have been received:-

(a)	Standard Grant	119
(b)	Discretionary Grant	119

(ii) Number of dwellings subject to grant:-

(a)	Standard Grant	119
(b)	Discretionary Grant	112

(iii) Number of houses owned by the Local Authority which have been the subject of grant aid by the Ministry... ... 48

Movable dwellings, tents, vans, etc.

(i) Caravan Sites and Control of Development Act, 1960

(a)	Number of Site Licences	11
(b)	Total number of caravans permitted under such licences	267
(c)	Number of inspections during the year:-	
	Sites	15
	Caravans ...	17
(d)	Number of contraventions remedied	1
(e)	Number of sites exempt from licence	14
(f)	Number of caravans thereon	14

FOOD PREMISES

Bakehouses

(i)	Number in the district...	2
(ii)	Number of inspections	2
(iii)	Number of contraventions found	Nil

Ice-Cream

(i)	Number of manufacturers on register	1
(ii)	Number of premises licenced for the sale of ice-cream ...	112
(iii)	Number of inspections of premises made	24
(iv)	Number of contraventions found	Nil
(v)	Number of samples taken	Nil

Meat Products

(i)	Number of premises registered for manufacture of meat products	27
(ii)	Number of inspections made	21
(iii)	Number of contraventions found	1
(iv)	Number of contraventions remedied	1

Other Food Premises

(i)	Number of other food premises (i.e. excluding bakehouses, and premises registered for manufacture of ice-cream and meat products	163

(ii)	Number of inspections made	157
(iii)	Number of contraventions found	7
(iv)	Number of contraventions remedied	7

Slaughterhouses

(i) Number licensed:-

(a)	Abattoir type	1
(b)	Private (individual)	4
(c)	Number operated by Local Authority	Nil

MEAT INSPECTION

The following table gives details of meat inspection work carried out during 1962.

Carcases Inspected and Condemned in Whole or in Part

	Cattle Excl. cows	Cows	Calves	Sheep & Lambs	Pigs
Number killed	3270	-	-	6715	1343
Number inspected	3270	-	-	4275	1343
All diseases except Tuberculosis & Cysticerci:-					
Whole carcases condemned	-	-	-	1	3
Carcases of which some part or organ was condemned	194	-	-	12	23
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci.	6			.17	1.6
Tuberculosis only:-					
Whole carcases condemned	-	-	-	-	-
Carcases of which some part or organ was condemned	3	-	-	-	-
Percentage of the number inspected affected with tuberculosis	.11	-	-	-	-
Cysticerosis:-					
Carcases of which some part or organ was condemned	7	-	-	-	-
Carcases submitted to treatment by refrigeration	7	-	-	-	-
Generalised and totally condemned	Nil	-	-	-	-

OTHER FOODS CONDEMNED

4 lb. Chopped Pork
1 lb. Tongue

METHOD OF DISPOSAL OF CONDEMNED FOOD

Offensive Trade Collectors and burying in lime in refuse tips.

DRAINAGE AND SEWERAGE

Closets

(i)	Number of houses with privy vaults in district	9
(ii)	Number of houses with pail closets in district	1,108
(iii)	Number of houses with water-closets in district... ...	8,899
(iv)	Number of water-closets substituted for pail closets and privy vaults	292

Cesspools and Septic Tanks

(i)	Number of cesspools and septic tanks emptied, cleansed, etc.	326
(ii)	Number of cesspools and septic tanks abolished	47

Sewerage and Sewage Disposal

Villages where provision has been made of new sewers or where existing sewerage arrangements improved:

(i) Croxton
(ii) Wrawby
(iii) Whitton
(iv) Work commenced on Ulceby, Wootton and Thornton Curtis

Villages where provision has been made of new sewage disposal facilities or existing arrangements improved:

(i) Whitton
(ii) Wrawby

Villages urgently requiring public sewers and/or treatment works for public health reasons:

(i) Burringham and East Butterwick
(ii) South Ferriby, Horkstow, Saxby, Bonby, Worlaby, Elsham
(iii) Redbourne, Kirmington. Thealby
(iv) Appleby, Flixborough, Cadney and West Halton

WATER SUPPLIES

Domestic

(i) Number of houses supplied from public mains - in house.... 10,540

(ii) Number of houses supplied from private sources - in house. 476

(iii) Number of private sources considered to be unsatisfactory (plus private wells)..... 6

(iv) Number of houses supplied therefrom.....(approx.) 400

(v) Part of district requiring a public supply or the replacement of a public supply for public health reasons..... Nil

Water samples obtained for analysis

(i) Public Supplies - See detailed report on page 17

(ii) Private Supplies -

	0 - 1	1 - 2	3 - 10	10+	Total
Presumptive Coli	2	1	-	1	4
Type 1 Coli	3	1	-	-	4

Swimming and Paddling Pools

Number in operation	Nil

GENERAL

Offensive Trades

(i)	Number of premises in district	1
(ii)	Number of inspections	7
(iii)	Number of contraventions remedied	Nil

Knackers Yard

(i)	Number licenced	1
(ii)	Number of inspections	7
(iii)	Number of contraventions remedied	Nil

Shops Act, 1950

(i)	Number of shops inspected	83
(ii)	Number of contraventions remedied	Nil

Disinfection and Disinfestation

(i)	Rooms or premises disinfected:-	
	(a) Infectious disease other than tuberculosis	3
	(b) Tuberculosis	Nil
(ii)	Number of premises subject to disinfestation	5

Refuse Collection and Disposal

(i)	Percentage of premises from which refuse is collected	96%
(ii)	Frequency of collection	Fortnightly
(iii)	Method of disposal	Part controlled tipping
(iv)	Number of tips	11
(v)	Number of refuse collection vehicles	3 full-time 3 part-time

Collection by Local Authority

Nuisances

Details of Nuisances abated

Nuisance	After Informal Intimation	After Statutory Notice
Accumulation of refuse	4	-
Foul ditches, ponds and stagnant water	9	-
Drainage	35	-
Poultry and Animals	3	-
Dangerous Premises	2	-
Miscellaneous Nuisances	4	-

Rats and Mice Destruction

(i) Number of rodent operatives employed 1
(ii) Number of premises treated:-

(a) Dwelling-houses 684
(b) Other premises 24

(iii) Service covers domestic, business and agricultural premises

There is generally less major infestation in the district.

Atmospheric Pollution

(i) Number of visits 35
(ii) Number of nuisances found ... ... Nil

Smokeless Zone

Bottesford No. 1

(i) Number of visits 525
(ii) Number of nuisances found ... ... Nil

Bottesford No. 2 has been declared but not yet approved as a smokeless zone.

FACTORIES ACTS, 1937 to 1959

Administration of the Factories Act, 1937

Part 1 of the Act

1. Inspections for purposes of provisions as to health (including inspections made by the Public Health Inspectors.)

Premises	Number on	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which sections 1, 2, 3, 4, & 6 are to be enforced by Local Authority	6	12	-	-
(ii) Factories not included in (i) in which section 7 is enforced by the Local Authority	78	47	-	-
(iii) Other premises in which section 7 is enforced by the * Local Authority (exc. outworkers premises)	12	9	-	-
Total:	96	68	-	-

* i.e. Electrical Stations (Sections 103 (1)), Institutions (Section 104) and sites of Building Operations and Works of Engineering Construction (Sections 107 and 108)

2. Cases in which defects were found.

	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector	
Want of cleanliness (S.1)	2	2	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable Temp. (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7) (a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	3	3	-	-	-
(c) Not separate sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to out-work.)	-	-	-	-	-
Total:	5	5	-	-	-

PART VIII OF THE ACT

Details of Outwork (Sections 110 and 111) carried on in the District

Number of out-workers in August list required by Section 110 (1) (c) ...2...

Nature of work ....Wearing apparel making etc.....

Number of cases of default in sending lists to the Council (Section 110) Nil

Number of prosecutions for failure to supply lists (Section 110) ...Nil.....

Number of instances of work in unwholesome premises (Section 111) ..Nil.....

Number of notices served (Section 111) .....Nil.....

Number of prosecutions (Section 111) .....Nil....